

LICENSE or REGISTRATION APPLICATION

PLEASE TYPE OR PRINT IN INK THE FOLLOWING INFORMATION (Fill in all boxes) CHECK THOSE ITEMS THAT APPLY

ESTABLISHMENT NAME		IF ESTABLISHMENT NAME CHANGED, LIST PREVIOUS NAME		OLD LIC. #
CORPORATION / OWNER NAME		CORPORATE CONTACT / TELEPHONE #		ESTABLISHMENT TELEPHONE
CERTIFIED FOOD SERVICE MANAGER		CONSTITUENT ID #		DATE CERTIFIED
ESTABLISHMENT PHYSICAL ADDRESS (NO PO BOX #S)		CITY	STATE	ZIP CODE
IF RURAL LOCATION, GIVE DIRECTIONS FROM NEAREST CITY				
MAILING ADDRESS (IF DIFFERENT THAN ESTABLISHMENT ADDRESS)		CITY	STATE	ZIP CODE
APPLICATION IS FOR: <input type="radio"/> NEW BUSINESS <input type="radio"/> CHANGE OF OWNERSHIP		PROPOSED OPENING DATE / DATE CHANGE EFFECTIVE		WATER SUPPLY <input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Rural
Seasonal: <input type="radio"/> Yes <input type="radio"/> No If Yes, Dates Open: _____ to _____				SEWER SYSTEM <input type="radio"/> Public <input type="radio"/> Private

FOOD SERVICE _____

Type of Business: (Choose One)

10 Food Service Establishment

8 Drive-in or Carry-out

29 Retail Bakery

11 Food Service/Bakery

9 Food and Beer or Liquor

23 Other _____

21 Mobile Food Service

6 Convenience Store

4 Catering

51 Limited Menu Mobile Food

52 Non-profit

Seating Capacity:

Licensing Fee: (**Full Year: July 1- June 30**)

Seating: (0) \$ 60.00

(1 to 50) \$ 80.00

(51 to 100) \$120.00

(101 or more) \$150.00

Mobile Food Service & Limited Menu Mobile Food \$ 25.00

Licensing Fee: (**Half Year: Jan 1- June 30**)

Seating: (0) \$ 30.00

(1 to 50) \$ 40.00

(51 to 100) \$ 60.00

(101 or more) \$ 75.00

Mobile Food Service & Limited Menu Mobile Food \$ 12.50

LODGING _____

Type of Business: (Choose One)

3 Bed & Breakfast (1-5 rooms)

31 Specialty Resort (6-10 rooms)

16 Hotel (11 or more rooms)

Swimming Pool: Yes No

Spa or Hot Tub: Yes No

Number of Units:

Registration Fee: (One-time / B&B Only)

Bed & Breakfast Establishment \$25.00

Licensing Fee: (**Full Year: July 1-June 30**)

Specialty Resort \$ 30.00

Hotel \$1.50 Per Unit (\$ 30 Minimum)

Licensing Fee: (**Half Year: Jan 1-June 30**)

Specialty Resort \$ 15.00

Hotel \$0.75 Per Unit (\$ 15 Minimum)

NOTE: Half Year license fees apply only to new establishments opening after Jan. 1st or change of ownerships occurring after Jan. 1st.

TOTAL AMOUNT SUBMITTED

\$

CAMPGROUND _____

Type of Business: (Choose One)

12 Full Service

18 Limited Service*

Swimming Pool: Yes No

Spa or Hot Tub: Yes No

Size in Acres:

Number of Sites:

Licensing Fee: (**Full Year: July 1-June 30**)

2-25 Sites \$ 50.00

26-100 Sites \$ 75.00

101-200 Sites \$100.00

201-300 Sites \$125.00

301 or more Sites \$150.00

Limited Service* \$ 75.00

*(Self-contained RV Units Only)

Licensing Fee: (**Half Year: Jan 1- June 30**)

2-25 Sites \$ 25.00

26-100 Sites \$ 37.50

101-200 Sites \$ 50.00

201-300 Sites \$ 62.50

301 or more Sites \$ 75.00

Limited Service* \$ 37.50

*(Self-contained RV Units Only)

Being first duly sworn, I verify that the information contained in this application is true and complete, and I consent to allow inspections of the food service, lodging, or campground establishment by authorized inspectors during business hours upon the presentation of identification.

Owner Signature	Date:
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Subscribed and sworn to before me this _____ day of _____, 20____ (Seal)

Notary Public	My commission expires:
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INSTRUCTIONS

1. Please type or print in ink.
2. Fill out the application completely. An incomplete application cannot be processed. It will be returned to the sender, and may result in the denial of a license.
3. The owner's signature must be notarized by a duly appointed notary public.
4. New establishments or changes to existing establishments require submission of construction plans 30 days prior to initiating construction. The plans must be submitted to:
SD Dept. of Health, Office of Health Protection, 600 E. Capitol Ave., Pierre, SD 57501-2536.
No license will be issued until an on-site inspection is conducted and the establishment is found to be in compliance and manager certification requirements have been successfully completed.
5. Half-year license fees apply only to new establishments or change of ownerships occurring after January 1st and before June 30th.
6. Submit the completed license application and the proper license fee (checks payable to **SD Department of Health**) to:

**SD Department of Revenue
PO Box 5055
Sioux Falls, SD 57117-5055**

The South Dakota Department of Health will issue or renew a license only after payment of the proper fee, ascertainment that the facts set forth are true and complete, and satisfactory evidence of the applicant's ability to comply with the provision of SDCL Chapter 34-18 and the rules promulgated thereunder.

IF YOU HAVE ANY QUESTIONS, CONTACT THE DEPARTMENT OF HEALTH AT (605)773-3364

LICENSE EXPIRES JUNE 30TH OF EACH YEAR

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY

JURISDICTION: _____ COUNTY: _____ POSTMARK DATE: _____ FEE: _____ FY: _____